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AUTHOR Gerhardt, Melissa K.; And Others
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ABSTRACT

The paper presents an alternative model of treatment to serve the language and learning disabled children in public schools. The Multidisciplinary Diagnostic and Training Program (MDTP), at the University of Florida, serves students in grades K-6 with learning, language, behavior and/or medical problems. Seven components of the MDTP are addressed: referral, diagnostic team, case conference, liaison with the school system, diagnostic training classroom, parent training, and preservice and inservice training. The model emphasizes the total environmental treatment scheme, with the student's language needs considered in light of the school curriculum, social skills, and home situation. (CL)

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AN ALTERNATIVE MODEL FOR
SERVICING THE LANGUAGE DISABLED
CHILD IN THE PUBLIC SCHOOL

Melissa K. Gerhardt
University of Florida and
Department of Communicative Disorders,
Shands Teaching Hospital

Shirley Fox
University of Florida

Alice Tesch
University of Florida

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ABSTRACT

The purpose of this paper is to present an alternative model of treatment to serve the language and learning disabled children in the public schools. The Multidisciplinary Diagnostic and Training Program (MDTP), at the University of Florida, represents this model. This article provides general suggestions for implementing the model as an alternative for treatment in the public school programs.

It is becoming increasingly evident that the speech-language pathologist and the classroom teacher must work together to best serve the speech and language impaired child. This becomes a difficult task when one considers the schedules of teachers and speech-language pathologists in the public schools. Finding time to share information can present a problem as well as a burden. "The problem of developing workable suggestions to supplement therapy is of particular concern with regard to the language-disordered child. Because of the basic relationship between language skills and academic achievement, the linguistically impaired child requires careful handling in order to benefit optimally from the classroom experience". (Fujiki and Brinton, 1984).

All four areas of the language arts - listening, speaking, reading and writing are very closely related. Proficiency in the spoken language is an important prerequisite to success in reading and writing. Because of the close relationship between oral communication and written communication, it is important that attention be given to the development of listening and speaking skills within the elementary school classroom. A language-oriented environment must be created, and children must be encouraged to listen, to speak, and to use their oral language as a means for communicating needs, feelings, and ideas. Furthermore, it has been reported (Lundsteen, 1976) that specific instruction in listening resulted in improvements in reading comprehension.

Although most children are able to speak in complete sentences by 5 years of age, the child who has difficulty formulating grammatically correct sentences or understanding basic vocabulary concepts may experience difficulty comprehending classroom reading materials during his or her later learning. It has been shown that by providing systematic oral language instruction within the classroom, the likelihood is increased that children will reach their potential in learning to read and write (Mattes, 1982).

Wiig (1982) has identified the following characteristics of the school-aged language disordered child: early language delays; intellectual functioning patterns where verbal scores are lower than performance scores; academic underachievement in children with otherwise normal potential for learning; problems in interpersonal communication; semantic deficits; delays in morphological development; syntax deficits; word finding difficulties; limited fluency in word recall; and memory. Obviously a student can have any combination of language difficulties. In light of these potential problems, one can see why academic problems often co-exist with language disorders.

Another important issue to consider is the curriculum of the schools. Wiig (1982) points out that the curriculum of the schools becomes increasingly difficult for the language impaired child. The early childhood curriculum is multisensory, concrete, manipulative, three dimensional, and thematic. As the child moves up the curriculum

becomes more abstract and symbolic as in the use of pictures to demonstrate concepts and the use of symbolism in math. The third and fourth grade experience is even more symbolic and builds from an assumed learned foundation. Toward the end of these grades, language becomes the vehicle for teaching. The child's performances are expected to reflect the ability to learn from read and spoken language input. There is a heavier demand on the children to express themselves in written language, schools demand spoken reports, reading vocabulary and syntax becomes more difficult. By the 5th and 6th grade, the curriculum assumes mature and efficient use of vocabulary, sentence structure, and accurate and efficient language in spoken and written skills.

In addition, children's progress in school in part depends on their ability in dealing with "the language of the schools" (Butler, 1984). The expertise of the speech-language pathologist should be used to assist the classroom teachers in adjusting their language to the language level of the students. Finally, a recent state survey indicated that the language learning disabled children in the state of Florida are being underserved with the traditional "pull out" method of therapy (Ehren, 1983). The author suggested considering other models of intervention for this language learning impaired population.

The purpose of this paper is to present an alternative model of treatment that has been implemented by the Multidisciplinary Diagnostic and Training Program at the University of Florida.

THE MULTIDISCIPLINARY DIAGNOSTIC AND TRAINING PROGRAM

The Multidisciplinary Diagnostic and Training Program (MDTP) is run cooperatively by the University of Florida College of Special Education and The Department of Pediatric Neurology at Shands Teaching Hospital. The MDTP assists children, parents and schools by providing diagnostic services, intervention strategies, and parent education programs. The program serves students in kindergarten through sixth grade who are exhibiting learning, language, behavior and/or medical problems to the extent that local school districts feel the need for additional diagnostic and intervention information. This section addresses the following components of the MDTP:

- 1) referral, 2) diagnostic team, 3) case conference, 4) school system, 5) diagnostic training classroom, 6) parent training, and 7) preservice and inservice. Figure I displays this array of sources.

Insert Figure I about here

Referral

The local school systems coordinate all referrals. The majority of referrals involve students currently enrolled in regular classrooms. A limited number of referrals involve students who may be best educated in a setting other than the regular classroom. However, students may be participating in any school program including regular education, special education, Title programs and/or PREP programs to qualify for referral to the MDTP.

The school system personnel develop a referral structure which enables referrals to the MDTP to be prioritized. Student referral for services provided by the MDTP may be initiated from a variety of sources including primary education specialists, special education teachers, regular education teachers, speech-language pathologists, guidance counselors, school psychologists, staffing specialists, school nurses, Florida Diagnostic and Learning Resource Systems personnel, pediatricians or parents. Once a referral has been reviewed and approved by the school system coordinator, the student receives an intensive diagnostic evaluation by the MDTP staff.

Diagnostic Team

The concept multidisciplinary applies to professionals sharing expertise across categorical areas to diagnose, develop and provide guidance for implementation of appropriate goals, interventions and strategies for the referred student. Home, school, and community members actively participate throughout the process. In addition, members of four professional disciplines work together to increase the effectiveness of achieving the program's goals. The four areas represented by the team members include special education, medicine (pediatric neurology), speech and language pathology and psychology.

The team members' responsibilities include a variety of tasks. The liaison coordinates the team. Liaisons gather information regarding the referred student's educational skills, school environment, and specific concerns of the school and family. The

liaison collects this data by direct observation, reviewing school records, and interviewing parents, teachers, and other school personnel. Based upon this information, the pediatric neurologist, speech-language pathologist, educational diagnostician, and psychologist program for evaluation.

Specific components targeted within the four evaluations vary. Pediatric neurologists diagnose medical, physical and neurological problems as well as gather the social history of the student and family. Speech-language pathologists evaluate the student's hearing, speech and language functioning using both standardized tests and informal diagnostics. Tests are chosen based on the needs of the child, the school (for placement decisions), the teacher and speech-language pathologist (if one is involved). Standardized tests that are considered in the speech and language evaluation include the Clinical Evaluation of Language Functions, Test of Language Development, Token Test for Children, Apraxia Battery for Children, Bracken Test of Basic Concepts, Peabody Picture Vocabulary Test - Form L, and Expressive One Word Picture Vocabulary Test. In addition, an informal conversational sample is obtained and analyzed for mean length of utterance, type token ratio, syntactic complexity and morphology. The balance of standardized measurements and informal diagnostics enables the clinician to get a more complete picture of the child's speech and language functioning. The child also receives a thorough audiological evaluation. Educational diagnosticians

focus on the referred student's academic achievement. This evaluation also includes investigating strategies to facilitate instruction and learning. Psychologists evaluate the behavioral and intellectual make-up of the student, along with investigating the child-family interactions. When appropriate school placement is a question, the psychologist fulfills county testing requirements. The psychologist also assesses the student's behavioral and social skills to provide classroom and home management strategies.

Case Conference

The team does not make any decisions until they present the evaluation results at the case conference. The liaison coordinates this meeting. Representatives from the school district, classroom teachers, guidance counselors, program specialists, speech clinicians, school psychologists and members of the Multidisciplinary team participate.

All team members review their individual evaluation results. Following these reports, the group discusses implications of the findings and makes recommendations. These recommendations include preventative, compensatory, remedial, behavioral, medical and instructional intervention strategies. Next, the group determines how and where these strategies can most effectively be carried out to benefit the student. The group also determines whether the recommendations can be successfully carried out in the school system, with the support of the liaison or if further diagnosis should be conducted in the Diagnostic Classroom.

The team does not overlook the parents throughout these procedures. They are invited to be involved in the assessment process. The liaison meets with the parents after the case conferences and discusses the findings and recommendations.

School System

If the team determines that the recommendations can be effectively carried out in the school system, the liaison presents this information to the school personnel. Recommendations include specific objectives and strategies based on the team's evaluations and recommendations made at the case conference. The liaison assists teachers and parents in establishing appropriate programs and interventions. When a student exhibits speech and language disorders, the speech-language pathologist on the team frequently accompanies the liaison to the school to present the evaluation findings and to discuss suggestions with the school personnel.

Diagnostic Training Classroom

The most visible component of the MDTP is the Diagnostic Training Classroom. At the case conference, the recommendation may be made for a student to attend the full time self-contained Diagnostic Training Classroom located on the University of Florida campus. This six week placement enables the MDTP staff to conduct more extensive diagnostic testing and training in order to develop intervention plans for the student. Each week the students in the classroom rotate. One or two new students enter the

classroom while one or two students exit the class to return to their home school. This schedule allows children to be seen intensively in small numbers while at the same time enables many children to be served throughout the school year.

The classroom staff uses prescriptive teaching, direct-instruction and establishes appropriate management systems. The staff collects baseline data on the students when they enter the Diagnostic Training Classroom. These observations on the student's academic, speech-language, and behavioral performance along with the recommendations from the MDTP team form the basis of appropriate academic, speech-language and management intervention strategies. Observation and data collection continue daily, increasing the effectiveness of specific strategies.

Generally, the classroom serves students ranging from first to sixth grade. Daily activities in the classroom include reading, math, language arts, speech and language, story time, art, physical education, and tutoring. Students rotate through these activities by participating in individual work, one-on-one instruction and small groups. Teachers instruct students using both commercial and teacher-made materials, as well as games and self-correcting activities. The use of computers and learning centers further enhance instruction.

The speech and language component is an integral part of the Diagnostic Classroom. The speech-language pathologist works in

the classroom with the reading and math teachers to develop the most appropriate intervention strategies for the children. The emphasis is a total environmental approach where the speech-language pathologist examines what happens when the child with a language disorder applies his language to the curriculum. The clinician also looks at the curriculum to determine needs for adaptation of the curriculum. In addition, the interpersonal aspects of the child's communication skills are observed with other students, parents, teachers, and peers. This total environmental approach is maintained as the clinician takes daily data on the child while using a variety of instructional methods and materials. It is imperative to take daily measurements on the children to determine which interventions are most successful. Since all the interventions take place in the classroom, the intent is to generate interventions that will be feasible for the classroom teacher and speech-language pathologist at the school to continue when the student returns to his or her home school.

The speech-language pathologist and classroom teachers have ongoing communication regarding the students both informally and formally. The informal communication takes place daily since the professionals work together in the same classroom and therefore have easy access to each other. The classroom staff meets once a week to discuss the students and share ideas, progress charts, and behavioral interventions. The professionals find this meeting a particularly good way to ensure consistency with the students while

reinforcing each other's goals with the child as well as promoting generalization and carry-over. The MDTP holds a separate meeting each week with the entire staff. Therefore, administrative issues do not become any part of this classroom meeting on children.

During the student's last week, the liaison invites the student's teachers and speech-language pathologist to observe in the Diagnostic Training Classroom and to meet directly with the classroom staff. This staff includes the classroom teachers and speech-language pathologist. The liaison discusses the classroom staff's recommendations and intervention strategies with the student's teachers and reviews materials and activities developed for that particular student. In addition, the school personnel observe and participate in the intervention strategies that have been proven to be effective with the child. This visit to the Diagnostic Training Classroom by the student's teachers assists the transition of the student back to his home school. Soon after the student returns, the liaison (and speech-language pathologist when appropriate) visit the student's classroom and provide additional assistance to the teachers. The MDTP personnel conduct two routine visits. Then, the staff remains available at any time to provide further assistance when needed.

Parent Training

In addition to the services provided to teachers, the liaison invites parents to observe their child in the Diagnostic Training

Classroom. Parents also receive a complete written and verbal report of the recommendations and intervention strategies suggested for their child. The liaison focuses on specific strategies and interventions to implement in the home including a home program designed for the speech and language needs of the child. Along with these regularly scheduled meetings, the parents can consult the liaison at any time or attend a monthly parent training program and support group.

The parent support group provides an opportunity for parents to get together and discuss their concerns, feelings, attitudes, and specific problems. This group assists parents in improving their communication skills between themselves, teachers, and with their children. Parents are encouraged to keep in contact with the MDTP staff as long as needed. Along with providing parent training, the MDTP staff provides expertise in preservice and inservice education.

Preservice and Inservice

The MDTP provides students specializing in the fields of special education, curriculum and instruction, psychology, speech and language, music and medicine numerous preservice opportunities. Professionals in medicine, speech and language, psychology and special education provide model experiences for the residents, interns and practicum students. Some of these students participate in the diagnostic evaluation process with pediatric neurologists,

speech-language therapists, psychologists and educational diagnosticians. Practicum students and interns placed in the Diagnostic Training Classroom are given the unique opportunity to participate in a model program, implementing curriculum and management systems to meet the needs of the individual student. Additionally, this controlled setting assures maximum practicum and intern supervision and assistance.

Through inservice, the MDTP staff provides information and expertise on medical, speech and language, psychological and educational issues as well as home-school-student interactions. This information reaches university students, parents, school specialists, teachers, and other professionals through presentations given in a variety of settings. These range from individual consultations to national presentations at educational, medical, and speech and language conventions. MDTP members also give inservice presentations in university classes and in community schools.

SUMMARY

The Multidisciplinary Diagnostic and Training Program (MDTP) represents an alternative approach to services for the child with complex language and learning problems. Team efforts contribute to the success of the MDTP through the active partnership among the school, home community, and the MDTP staff. The approach considers the total child and utilizes the total environmental treatment scheme. The emphasis is placed on the student within his/her home and school environment. The language needs of the student are considered in light of the child's school curriculum, social skills, and home situation. The MDTP staff shares with the school personnel involved all the techniques found to be most successful with the language impaired child. The intent is for the child to be in an environment which promotes language learning throughout the entire day rather than in occasional isolated situations. In addition, the speech-language pathologist on the MDTP team trains the classroom teachers to adjust their language to the needs of the language delayed child.

The children enrolled in the diagnostic classroom of the MDTP are seen intensively for six weeks in small numbers to achieve these goals. Then, a diagnostic prescriptive program is written, shared, and demonstrated with all the school personnel who will continue working with the child.

No single school program, service, or professional can provide adequately to remediate the "whole" child with complex problems. Isolated changes are unlikely to accomplish the task if interrelated problems and conditions are not addressed. Since most school districts have the professionals represented by the MDTP available to them, it is hoped that the MDTP model will serve as a catalyst for future school programs.

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Figure I

MDTP Services

